			LABLE			cation o	r Doci	ket Numb	er	
	ve October 1, 20		I RECOR		0		61	0,32		
CLAIMS AS	(Column 1)	(Colum	12)	TYPE	TENT	3	OR	OTHER	<b>МППА</b>	
TOTAL CLAIMS		NUMBER	ECTRA	RA BASE		FEE 55.00	OR	ASIC FEE	FEE	<u>O</u>
FOR	NUMBER FILED			Ye	9-		OR	X\$18=		
OTAL CHARGEABLE CLAIMS	2 minus 3 =		===	-	0-		OR	X80=		
IDEPENDENT CLAIMS RUTIPLE DEPENDENT CLAIM P			01				OR	+270=		1
		40° ka co	lumo 2		35=	•	OR	TOTAL	-740	
1 In A USAIN :	AMENDED - PAI	AL II	(Columa 3)		MILE	HTTY	OR	OTHER	ENTITY	
(Column 1) CLUSS REMARKIO	HIC NU PRIEN	HEST MBER MOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
Total	Mirus -	20	0	X	1		OR	X\$18-		
Total 3	Minus	3.	.0	7	40=		OR	X080		١
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1,0/16	· · · · · · · · · · · · · · · · · · ·			ADI	TOTAL XT. FEE		OR	ADOR FE		-
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CLAME REMARKS AFTER AMERICAN	PRI	UNGER EVIOUELY LID FOR	PRESENT		EATE	TIONAL FEE		RATE	FEE	•
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10/20/05	•	olumn 2)	(Column		TOTAL DOTT, FEE		_]œ	ADDIT. F	EEL	
COLUMN CLAUS REMARKS	6	RECENTAGES NUMBER RECUOUSLY	PRESENT	7 6	RATE	TION FEE	ŭ.	RATI	E TION	T.
AMERICAL AMERICAL	Mirus -	PAID FOR	-	<b>7</b> F	X\$ 9=	1.	- 1	A XSTE	j j	
Total	Whis	1 1	1. /	<b>]</b>	X40=	1	$\Box$ 。	R X80	<u> </u>	
PRIT PRESENTATION C				┙╽	+135=			+270		_
If the city in column 1 is less of the Highest Humber Provide	han the entry in column i	ACE is less	column 1. Pari 20, erbir	20.	TOYA	Ĭ		ADDIT.		
"If the "Highest Number Previous" The "Highest Number Previous The "Highest Number Previous	pay Publifor Di This Si by Publifor (T to or ind	PACE is lost ispandent) it	then 3, enter 's	mber to:	nd in th	appropriat	opbon t	n column 1.		